

Business Name: BeeHive Homes of Crownridge Assisted Living & Memory Care

Address: 6919 Camp Bullis Rd, San Antonio, TX 78256

Phone: (210) 874-5996

BeeHive Homes of Crownridge Assisted Living & Memory Care

We are a small, 16 bed, assisted living home. We are committed to helping our residents thrive in a caring, happy environment.

[View on Google Maps](#)

6919 Camp Bullis Rd, San Antonio, TX 78256

Business Hours

- Monday thru Saturday: 9:00am to 5:00pm

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Families seldom prepare for memory care in a neat arc. Needs shift, symptoms flare, and spending plans pressure in ways that feel both urgent and open ended. I have actually sat at lots of kitchen area tables doing the very same math with different families, attempting to square security, dignity, and dollars. The bright side is that costs are understandable, benefits are accessible with some groundwork, and there are ways to align care quality with a reasonable budget.

What drives the rate of memory care

Memory care is specialized senior care developed for individuals living with Alzheimer's disease and other forms of dementia. It costs more than basic assisted living, mostly because of staffing ratios, security functions, training requirements, and structured programs. Nationally, a private memory care apartment or condo frequently runs between 6,000 and 8,500 dollars each month, with some markets as low as 4,500 and others above 12,000. The exact same neighborhood may have really different rates for comparable units since pricing is tied to the level of care.

Expect two parts to the costs. Initially, a base lease that covers the apartment, meals, activities, and basic support. Second, tiered care fees that reflect how much hands-on help is needed. Facilities generally examine levels on move-in and once again as abilities alter. Each dive can include 500 to 2,500 dollars monthly. Medication management can be a different charge, frequently 300 to 800 dollars depending on the intricacy and number of administrations. Care requires tend to increase with time, so a budget that operates in January may need modification by summer.

Regional salaries impact the rate. Neighborhoods in states with greater minimum salaries or unionized personnel normally charge more. Structure style also matters. More recent store settings with little household models feel homey and calm, but those additional include a premium. By contrast, bigger neighborhoods can spread out expenses and may provide more versatile pricing or promotions.

What you are in fact paying for

It helps to look beyond the regular monthly figure and break down the worth. Well run memory care provides 3 things that are tough to replicate in the house as dementia advances.

- Predictable safety. Secured borders, postponed egress, and personnel trained to prevent exit seeking reduce threat of roaming and injury. The ideal environment likewise lowers medication use by decreasing triggers for agitation.
- Care continuity. A great group recognizes subtle modifications in behavior, hydration, or gait, then changes routines. Early modifications indicate fewer crises and unplanned health center stays, which helps both health and budget.
- Meaningful days. Structured activity is not simply home entertainment. Familiar tunes, handwork, and brief strolls can safeguard sleep and cravings, which in turn stabilizes overall health. A steady day is cheaper than a cycle of ER visits and over night caregivers.

When a household compares the expense of memory care to at home assistance, the mathematics ought to include indirect costs. That suggests sleep for a partner, missed work days for adult kids, and the causal sequence of caregiver burnout. The most inexpensive plan on paper can be the costliest if it breaks a caretaker's health.

A quick vignette from practice

A retired instructor with moderate Alzheimer's illness lived at home with her partner, who was slimming down and sleeping in two hour stretches. They had a pension, Social Security, and modest cost savings. They tried weekday home care for 8 hours a day, which ran about 7,200 dollars monthly in their city. Nights and weekends still was up to him. After a hospitalization for dehydration, they relocated to a memory care community with a base rent of 6,800, plus a midlevel care cost of 1,100 and 450 for medications. Their month-to-month expense was 8,350, which at first glance appeared higher. 3 things changed the formula. He slept through the night, she stopped bouncing in and out of the hospital, and he went back to part-time work he enjoyed. They likewise received a veterans benefit as a making it through partner, which offset 1,400 dollars per month. With great tuning and advantages, the memory care strategy became both more secure and more sustainable.

Map your budget plan before you tour

You will make much better choices with a written standard. Gather monthly income sources and fixed costs, then layer potential care costs on top. If you are assisting a parent, file who pays what, due to the fact that unclear roles trigger friction later on. I typically counsel families to plan for a 24 to 36 month runway for private pay if Medicaid belongs to the long video game. Waitlists for Medicaid-willing memory care systems exist, and some communities need a minimum personal pay period before converting to Medicaid.

Keep in mind that prices generally increase 4 to 8 percent each year. If a neighborhood will cap increases for a time, or lock the base rate at move-in, that defense has real value.

Five numbers to collect before touring

- Monthly income from Social Security, pension, annuities, and dividends
- Liquid cost savings offered without penalties in the next 24 months
- Long-term care insurance daily or month-to-month advantage, removal duration, and life time cap
- Current in-home care spending, including nights and weekends if needed

- Outstanding financial obligations, plus property taxes and insurance coverage if a home will be kept

Hidden costs and contract fine print

Community fees are common, typically 2,000 to 7,500 dollars, and often negotiable or prorated. Ask whether that fee is refundable on a brief stay. Some places charge a move-in or evaluation cost of a couple of hundred dollars. There might likewise be charges for incontinence products, escorts to meals, or diabetic care. You would like to know if the quoted rate consists of throughout the day supervision, or if care beyond a set number of minutes each day sets off à la carte billing.

Medication management is easy to gloss over throughout a tour, however drug store related costs add up. Will the community use your preferred drug store, or are you needed to utilize theirs with a product packaging fee. Who spends for med modifications mid cycle. If insulin is involved, ask whether they charge per injection or per day.

Contracts can consist of a thirty days notice provision, which affects refunds if a healthcare facility stay leads to a fast shift to skilled nursing or hospice. Some communities charge a second person fee if a partner resides in the exact same unit. If a couple plans to stay together as one partner's dementia advances, design both scenarios on paper.

What Medicare will and will not cover

Medicare spends for treatment, not space and board in memory care. It covers doctor visits, labs, long lasting medical equipment, and hospice. It can spend for as much as 100 days in a proficient nursing facility after a qualifying medical facility stay, although few people use the full benefit. After that, it does not cover residential memory care.



Medicare Advantage plans in some cases include supplemental advantages like short term personal care, transport, or caregiver support services. These can lower the load in your home or during transitions, however they do not replace the month-to-month cost of dementia care in a home. If someone is eligible for hospice, the hospice team can bring nursing, aides, and materials into the memory care setting, which can decrease some add-on charges.

How Medicaid suits memory care

Medicaid is collectively moneyed by state and federal governments, and guidelines differ by state. Some states fund memory care in assisted living through Home and Community Based Services waivers. Others do not, or they cap the number of slots. States that do cover it generally pay less than private rates, so neighborhoods restrict the variety of Medicaid beds or need a duration of private pay initially. This is why the 24 to 36 month runway matters.

Financial eligibility is strict and includes a five year look-back for possession transfers. Gifting money or selling assets listed below market value during that window can cause a charge period. Deal with an elder law lawyer for invest down strategies that comply with rules, such as permissible home adjustments, dental work, hearing aids, or pre-paid funeral plans. An effectively drafted caregiver arrangement can permit a parent to pay an adult kid for care in the house before a relocation, which can be part of a certified spend down.

If the person with dementia is married, defenses exist for the spouse in the house. States permit a Neighborhood Spouse Resource Allowance and a Minimum Monthly Maintenance Requirements Allowance so the well spouse is not impoverished. The quantities adjust every year and differ by state, so confirm with your local aging workplace or an elder law professional.

Veterans advantages that can bridge the gap

Veterans and surviving spouses might qualify for a pension supplement called Aid and Presence. It is not restricted to service-connected disabilities. To qualify, the veteran should have served throughout a wartime period, fulfill possession and earnings tests, and need support with daily activities or need a protective environment due to dementia.

Monthly advantage quantities change every year. As a rough guide, a single veteran may get around 2,000 to 2,300 dollars, a married veteran around 2,300 to 2,700, and an enduring spouse around 1,200 to 1,500. These are ballpark figures. The Department of Veterans Affairs sets main Maximum Yearly Pension Rates each year.

Two useful notes: initially, medical costs reduce countable earnings for eligibility, and memory care costs usually certify. Second, the pension can take months to authorize, however retroactive payments are common back to the application date. Households often use cost savings for a few months, then fold in the retroactive deposit to reconstruct reserves.

Long-term care insurance coverage, translated in plain English

These policies assist most when you comprehend the levers. Triggers trigger benefits when the insured needs aid with a minimum of two activities of daily living or has a cognitive impairment that needs substantial supervision. Memory care locals often meet the cognitive criterion once a physician files it.

Elimination durations are waiting periods, often 30 to 90 days, before benefits pay. Some policies count calendar days, others only days when you get paid care. If it is the latter, a short-term plan that includes respite care nights or day-to-day adult day attendance can move you through the removal duration faster.

Daily or month-to-month caps matter. A 200 dollar daily cap is 6,000 dollars per month on a 1 month calendar, but some months have 31 days. Policies with monthly caps deal with variable month lengths better. Inflation riders help older policies keep pace with today's prices. See lifetime maximums. If a policy has a 200,000 dollar lifetime pool and you use 8,000 dollars monthly, the pool runs for about 2 years and one month.

Finally, repayment policies require proof of paid care and issue checks after the reality. Indemnity policies pay the full everyday benefit once you qualify, despite the billing. That difference identifies cash flow in the first months after a move.

Tax techniques that are typically overlooked

If a physician licenses that a person with dementia needs substantial guidance and a plan of care exists, the majority of or all of memory care expenses can certify as medical costs. If you itemize reductions, medical expenses above 7.5 percent of adjusted gross earnings can be deductible. Families typically miss this because they presume room and board do not count. In memory care, they often do, offered the primary factor for home is medical.

Adult children who offer more than half of a parent's assistance may have the ability to declare the parent as a dependent, which can open other tax factors to consider. The Kid and Dependent Care Credit can use to adult day services that permit a caregiver to work, though residential space and board is not eligible. Tax guidelines shift, so a short consult with a certified public accountant spends for itself.

Home equity, life insurance coverage, and other assets

A settled home is a major tank of care dollars. Offering is straightforward, but not constantly the ideal call if a spouse stays there. A reverse mortgage offers regular monthly income or a credit line secured by the home. It can cover in-home dementia care or bridge a number of years of memory care without forcing an immediate sale. Charges and interest are genuine costs, so model the numbers, including what takes place when the borrower moves permanently to a facility.

Some life insurance coverage policies can be transformed to spend for senior care. Accelerated death benefits or life settlements turn a policy's value into month-to-month payments. These are specialized and frequently pricey deals. Always compare the net earnings to easier choices, and take care about tax results and Medicaid implications.



Annuities can turn a swelling sum into a predictable income stream. If using annuities as part of Medicaid planning, structure matters. Deal with a professional who understands your state's rules so you do not inadvertently produce a countable asset.

Respite care and adult day programs as budget tools

Respite care is a short remain in a memory care community, normally from a week to a month. It is useful when a caregiver needs surgical treatment, a break, or to check drive a neighborhood. The everyday rate is often higher

than the professional rata monthly rate, but it includes the very same services. A well timed respite can avoid a crisis that would otherwise result in a costlier, rushed placement.

Adult day programs run on weekdays, with some offering extended hours or weekends. Daily rates typically vary from 70 to 150 dollars, with transport in some areas. For early to mid phase dementia, adult day paired with targeted home care can delay a relocation by months or more. It keeps the person engaged and offers caregivers trustworthy time for work or rest. When a relocation ends up being required, the shift is calmer since the individual is already utilized to structured days and brand-new faces.

Negotiating the right fit, not just the right price

Rates are more versatile than they appear. Communities run promos when occupancy dips, especially in larger buildings with a number of neighborhoods. Inquire about move-in specials, waived community fees, or base rate locks. Timing matters. End of the month can be better, and late fall sometimes brings incentives.

Here are negotiation points that are worthy of airtime during tours

- Will you waive or prorate the community fee, and is it refundable within 30 days
- Can you cap yearly increases for the very first two years
- If the care level modifications within 60 days, will you hold the initial level or change gradually
- Can we use our pharmacy, and will you match their packaging cost if you require bubble packs
- If we add hospice, which current care charges will decrease

A center that prevents these questions or buries responses in the agreement is telling you something about future interactions.

Protect quality while seeing the bottom line

There are methods to control costs without damaging care. Smaller sized rooms lower lease, and numerous citizens spend most of their time in common locations anyhow. Shared suites can conserve 1,000 to 3,000 dollars monthly, however they work best for people who are friendly and not easily distressed by another individual's rhythms. If wandering or nighttime agitation is prominent, a private system might prevent disputes that lead to add-on staffing fees.

Transportation charges add up when households count on the neighborhood for every single medical visit. Telehealth for regular consultations and bundling specialty visits on one day can cut costs. On the medical side, periodic medication reviews prevent polypharmacy, which helps both health and the month-to-month med management fee.



When home stays the very best value

Home can be ideal for longer than people anticipate when 3 conditions hold. Initially, the physical environment is safe, with fall threats minimized, doors protected, and regimens supported. Second, caretakers have dependable relief through respite care, adult day, or worked with aid. Third, agitation, incontinence, or night roaming are manageable without constant conflict. The spending plan needs to include replacement labor for household care if that member of the family gets sick or requires to travel. I push families to price the genuine plan, not the idealized one.

One caution. When dementia advances to habits that put others at danger, such as repeated range use, aggressive outbursts, or roaming toward traffic, the tipping point gets here quickly. A rushed move tends to be more expensive and less notified. Exploring early, even if you do not sign, makes later decisions calmer.

Build a simple capital plan

Turn the preparation into a one page tool that you can update every six months. List monthly earnings on one side and repaired care expenses on the other. Keep in mind the date when a private policy begins paying, the end of any elimination period, and the status of advantage applications like Aid and Presence. Develop a column for anticipated yearly increases. If savings are being drawn down, show the glide course month by month. This makes household conversations concrete and objective oriented.

If numerous siblings are involved, agree on a single point individual for costs and benefits. A lot of hands result in missed out on deadlines and replicate payments. The same goes for documentation. Keep the power of attorney, advance instruction, insurance policy, and the most recent care strategy in one shared folder, paper and digital.

Red flags that can cost you later

A deal rate is not a bargain if turnover is consistent, company staffing is the standard, or nurses are thin on the ground. I pay attention to the energy in the dining-room, not just the menu. Are people in fact eating, and does personnel remain to help. Search for consistent faces over several visits at different times of day. If sales pledges do not match what you see at 7 p.m. On a Sunday, be careful.

Take a minute with the activity calendar. A full page suggests little if the space is quiet. You want to see locals taken part in manner ins which match various phases of dementia care. That might indicate a small group folding laundry, 2 people singing with a staff member, and someone else walking a circuit with gentle cueing. Engagement reduces the requirement for costly one to one staffing.

The role of respite care in testing a community

If you are torn between 2 locations, organize a short respite stay in your top option. Focus on how the team discovers your person. Do they ask about routines, favorite foods, and activities. How do they interact with you throughout the stay. If you leave with clear notes and a settled sensation, that deserves as much as a little rate difference. If concerns go unanswered, reconsider.

[respite care](#)

Bringing it all together

Affording high quality memory care is part math, part timing, and part advocacy. The arithmetic side gain from early, honest mathematics and from understanding how benefits like Medicaid waivers, veterans pensions, and long-lasting care insurance coverage really work. The timing side favors families who tour before a crisis and who utilize respite care or adult day programs to bridge changes. The advocacy side reveals up in questions you ask throughout tours and in the agreements you negotiate.

When you do the develop front, you buy choices later on. Households who know their numbers, line up benefits, and push for rate securities tend to keep care stable even as requirements grow. That steadiness is what matters. Memory care done well is not just a location. It is an orderly method to deal with dementia that keeps a person safe, known, and engaged, while keeping the family's financial resources intact for the long haul.

BeeHive Homes of Crownridge Assisted Living has license number of 307787

BeeHive Homes of Crownridge Assisted Living is located at 6919 Camp Bullis Road, San Antonio, TX 78256

BeeHive Homes of Crownridge Assisted Living has capacity of 16 residents

BeeHive Homes of Crownridge Assisted Living offers private rooms

BeeHive Homes of Crownridge Assisted Living includes private bathrooms with ADA-compliant showers

BeeHive Homes of Crownridge Assisted Living provides 24/7 caregiver support

BeeHive Homes of Crownridge Assisted Living provides medication management

BeeHive Homes of Crownridge Assisted Living serves home-cooked meals daily

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BeeHive Homes of Crownridge Assisted Living provides life-enrichment activities

BeeHive Homes of Crownridge Assisted Living is described as a homelike residential environment

BeeHive Homes of Crownridge Assisted Living supports seniors seeking independence

BeeHive Homes of Crownridge Assisted Living accommodates residents with early memory-loss needs

BeeHive Homes of Crownridge Assisted Living does not use a locked-facility memory-care model

BeeHive Homes of Crownridge Assisted Living partners with Senior Care Associates for veteran benefit assistance

BeeHive Homes of Crownridge Assisted Living provides a calming and consistent environment

BeeHive Homes of Crownridge Assisted Living serves the communities of Crownridge, Leon Springs, Fair Oaks Ranch, Dominion, Boerne, Helotes, Shavano Park, and Stone Oak

BeeHive Homes of Crownridge Assisted Living is described by families as feeling like home

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BeeHive Homes of Crownridge Assisted Living earned Best Customer Service Award 2024

BeeHive Homes of Crownridge Assisted Living placed 1st for Senior Living Communities 2025

People Also Ask about BeeHive Homes of Crownridge Assisted Living

What is BeeHive Homes of Crownridge Assisted Living monthly room rate?

Our monthly rate depends on the level of care your loved one needs. We begin by meeting with each prospective resident and their family to ensure we're a good fit. If we believe we can meet their needs, our nurse completes a full head-to-toe assessment and develops a personalized care plan. The current monthly rate for room, meals, and basic care is \$5,900. For those needing a higher level of care, including memory support, the monthly rate is \$6,500. There are no hidden costs or surprise fees. What you see is what you pay.

Can residents stay in BeeHive Homes of Crownridge Assisted Living until the end of their life?

Usually yes. There are exceptions such as when there are safety issues with the resident or they need 24 hour skilled nursing services.

Does BeeHive Homes of Crownridge Assisted Living have a nurse on staff?

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What are BeeHive Homes of Crownridge Assisted Living & Memory Care visiting hours?

Normal visiting hours are from 10am to 7pm. These hours can be adjusted to accommodate the needs of our residents and their immediate families.

Do we have couple's rooms available?

At BeeHive Homes of Crownridge Assisted Living & Memory Care, all of our rooms are only licensed for single occupancy but we are able to offer adjacent rooms for couples when available. Please call to inquire about availability.

What is the State Long-term Care Ombudsman Program?

A long-term care ombudsman helps residents of a nursing facility and residents of an assisted living facility resolve complaints. Help provided by an ombudsman is confidential and free of charge. To speak with an ombudsman, a person may call the local Area Agency on Aging of Bexar County at 1-210-362-5236 or Statewide

Are all residents from San Antonio?

BeeHive Homes of Crownridge Assisted Living & Memory Care provides options for aging seniors and peace of mind for their families in the San Antonio area and its neighboring cities and towns. Our senior care home is located in the beautiful Texas Hill Country community of Crownridge in Northwest San Antonio, offering caring, comfortable and convenient assisted living solutions for the area. Residents come from a variety of locales in and around San Antonio, including those interested in Leon Springs Assisted Living, Fair Oaks Ranch Assisted Living, Helotes Assisted Living, Shavano Park Assisted Living, The Dominion Assisted Living, Boerne Assisted Living, and Stone Oaks Assisted Living.

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How can I contact BeeHive Homes of Crownridge Assisted Living & Memory Care?

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BeeHive Homes of Crownridge Assisted Living & Memory Care is just a short drive away from The Shops at La Cantera a major shopping & dining center in the area. Offering convenient shopping and dining options ideal for senior care families looking for easy-access retail and respite care outings. [San Antonio Texas](#).